

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-976)						SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">10/049816</div>	FILING DATE 														
						CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.			IND.		DEP.			IND.		DEP.	
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TOTAL IND.	2																				
TOTAL DEP.	15																				
TOTAL CLAIMS	17																				

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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